

TO THE APPLICANT

After completing all the relevant questions below, give this form to instructors whose courses you are enrolled in at the time you file your application and ask them to provide a general indication of your performance, including your current grade and (if they wish) additional comments, and to sign and date the form. They should also provide the course title, number, and credits.

Legal Name \_\_\_\_\_  Female  
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc.  Male

Birth Date \_\_\_\_\_ CAID (Common App ID) \_\_\_\_\_  
mm/dd/yyyy


Address \_\_\_\_\_  
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

College or University you now attend \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_

**IMPORTANT PRIVACY NOTE:** By signing this form, I authorize all schools that I have attended to release all requested records covered under the Family Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by The Common Application member institution(s) to which I am applying. I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.





I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (see list at [www.commonapp.org/FERPA](http://www.commonapp.org/FERPA)).
2. I waive my right to access below, regardless of the institution to which it is sent:
  - Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
  - No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature  \_\_\_\_\_ Date \_\_\_\_\_

TO THE INSTRUCTOR

The Common Application membership finds it helpful to receive a general indication of how the student is performing in the courses he/she is currently enrolled in as they choose from among highly qualified candidates. **Be sure to sign below.**

Course Title/Department _____	Course Number _____	Credits _____
Current Grade _____ Comments (Optional) _____		
Professor's Signature 	Date _____	
Course Title/Department _____	Course Number _____	Credits _____
Current Grade _____ Comments (Optional) _____		
Professor's Signature 	Date _____	
Course Title/Department _____	Course Number _____	Credits _____
Current Grade _____ Comments (Optional) _____		
Professor's Signature 	Date _____	
Course Title/Department _____	Course Number _____	Credits _____
Current Grade _____ Comments (Optional) _____		
Professor's Signature 	Date _____	